TESTIMONY FOR THE APPROPRIATIONS COMMITTEE
FEBRUARY 22, 2012
Gwendolyn Lopez-Cohen, M.D.
Opposing
H.B. No. 5014
AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES AND REVENUES FOR THE FISCAL YEAR ENDING JUNE 30, 2013
(DPH)

Testimony in support of School Based Mental Health Centers:

Dear Connecticut Committee Members,

I am a Child and Adolescent Psychiatrist currently serving as the Medical Director for the Connecticut Juvenile Detention Behavioral Health Program. I am a Connecticut state resident, a former elementary school classroom teacher, and a mother to three school age children.

I urge you to preserve funding for School Based Health Centers here in Connecticut and to veto the proposal to cut over $400,000 from School Based Health Centers. I am experiencing first hand as a medical provider to children in the Juvenile Justice system the consequences of failing to identify and treat children with mental illness. School Based Health Centerss offer the opportunity for preventative screening of children, and early treatment for mental illness before children develop serious academic, behavioral, and psychiatric problems that require more costly interventions.

I evaluate children at the Bridgeport Juvenile detention center who are taking psychotropic medications or are determined to be at risk for self-harm. Many of the children that I assess have failed community systems of care. They all suffer from academic and behavioral difficulties, and as many of half of the children in the facility at any given time are prescribed medication for psychiatric illness.

Offering comprehensive community treatment, such as School Based Health Centers, can prevent a child from failing at school, screen for suicide risk before dangerous behavior starts, and offer access to care in a safe place.

I would like to share the story of a patient that I evaluated who did not have access to care until she had developed a very serious psychiatric problem. I believe that had she received treatment early on in the course of her illness the outcome could have been different.

"Marisol" is a fifteen-year-old young woman, who is currently in DCF custody and has run away from several residential programs. She suffers from a severe Major Depressive Disorder, and has contemplated suicide. She was a strait "A" student in the eighth grade. She was living with her mother and her nineteen-year-old brother in Bridgeport, and when she was in the eighth grade her brother was shot and killed on the street. Marisol's mother entered into a deep depression when her son was murdered and also developed debilitating multiple sclerosis. Marisol started skipping school to care for her ailing mother, and also became depressed over the death of her brother. This is where her downhill trajectory started. DCF got involved with her due to prolonged truancy. She failed community treatment, and was placed in a residential program. She ran away from the residential program and when she returned home was sent to the detention center.

When I first met Marisol she was tearful, angry at the system for taking her from her mother, having thoughts of suicide with no plans for her future, and experiencing difficulty sleeping and eating. She was started on medication for depression, and referred for an inpatient evaluation at Riverview hospital. She returned to detention a month later, less depressed and ready for placement at another residential program. I was optimistic, and then one month later she was returned to detention again after running away from the second residential program.

I believe that Marisol could be in honors high school classes today if she had access to a greater support network within her school system at the time of her brother's murder. She remains an intelligent young woman, but is so disabled by her depression and anger that she is difficult to engage and has not achieved academically in high school.

School based mental health programs offer opportunities for suicide risk screening, and prevention. Screening and early treatment can prevent youth suicides. Suicide was the third leading cause of death in youths ages 10-24 in 2007 (AACAP Suicide Prevention fact sheet). Research studies show that of the children who attempt and complete suicide as many as 90% have histories of psychiatric or substance use disorders. When children with psychiatric disorders are treated early on in the course of their illness they are better off. Minority students, including Hispanic and Black students, are at increased risk of planning and making suicide attempts (AACAP Suicide Prevention fact sheet).

Unfortunately, the students most affected by budget cuts to school based mental health programs will be students from minority and low socio-economic status groups. I have an office in Westport Connecticut, and in that community families have the means to enroll their children in private treatment. Far too often I see children in the detention center who are not able to access outpatient psychiatric care in their communities due to few providers with limited availability. If we allow current school based mental health programs to be cut then disadvantaged students will suffer. The chasm between privilege and poverty will continue to grow, and many of the children who cannot get the care that they require in their communities will end up in the legal system.

Just this week I saw a thirteen-year-old boy from Waterbury, CT who had been held in the detention facility in December. I asked him, "why are you back here?..." He told me that he could not get an appointment with the psychiatrist at his local community health center and that he had run out of medication after one month. He has ADHD and had gotten into a fight at school. As a result of his behavior, he had violated probation and was returned to detention. When I asked him if the medication that he took for ADHD had helped him not to get into so many fights he said, "Yeah, I think so." If there had been a school-based health center where he could have been referred to I doubt that his medication would have lapsed, and most likely he would have remained in the community and on probation.

We are undoubtedly in need of fiscal austerity. As a Connecticut taxpayer I am in favor of a balanced budget. While cuts are necessary I urge you to try and preserve programs that support children's health. I would prefer to have less road work a few more pot holes on the Merritt Parkway, rather than see an increase in the children who end up in the Juvenile Justice system due to a lack of community resources. Even worse, to read about children who successfully complete suicide because they were either not identified as at risk or able to access help.

Sincerely,
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Sources:
American Academy of Child and Adolescent Psychiatry Suicide Prevention fact sheet

Improving Lives, Avoiding Tragedies

The recent tragedy in Arizona reminds us all of the importance of the early identification of mental illness and the critical need for intervention with effective services and supports. Serious mental illness impacts large numbers of our nation's youth. Mental illness is treatable and the best outcomes occur with early identification and intervention. We can avoid the tragic and costly consequences of unidentified and untreated mental illness in youth by taking action. We can and should do far better for our nation's youth.

The Facts

- 13% of youth aged 8-15 live with mental illness severe enough to cause significant impairment in their day-to-day lives.[i] This figure jumps to 21 percent in youth aged 13-18.[ii]
- Half of all lifetime cases of mental illness begin by age 14 and three quarters by age 24. Early identification and intervention improve outcomes for children, before these conditions become far more serious, more costly and difficult to treat.[iii]
- Despite the availability of effective treatment, there are average delays of 8 to 10 years between the onset of symptoms and intervention—critical developmental years in the life of a child. [iv] In our nation, only about 20% of youth with mental illness receive treatment.[v]
- Unidentified and untreated mental illness is associated with serious consequences for children, families and communities:[vi]
  - Approximately 50% of students aged 14 and older with mental illness drop out of high school—the highest dropout rate of any disability group.[vii]
  - 90% of those who die by suicide have a mental illness.[viii] Suicide is the third leading cause of death for youth aged 15-24; more youth and young adults die from suicide than from all natural causes combined.[ix]
  - 70% of youth in state and local juvenile justice systems have mental illness, with at least 20% experiencing severe symptoms. At the same time, juvenile facilities fail to adequately address the mental health needs of youth in their custody.[x]

We Need Action

There have been repeated calls by major non-partisan institutions for a national commitment to the early identification of mental health conditions and intervention with effective services and supports.

- In June 2010, the American Academy of Pediatrics called for all pediatricians to screen children and adolescents for mental illness and substance use.
- In April 2009, the U.S. Preventive Services Task Force called for physicians across the country to screen for depression in adolescents aged 12-18 because of the failure to identify this serious condition in youth.[xi]